



United States Bankruptcy Court
Eastern District of Wisconsin
Office of the Clerk

CREDIT CARD AUTHORIZATION FORM

I hereby authorize the United States Bankruptcy Court of the Eastern District of Wisconsin to charge the credit card listed below for payment of fees, costs, fines and expenses which are incurred by the authorized users listed below. I certify that I am authorized to sign this form on behalf of my law firm.

Cardholder Name: _____

Signature: _____ **Date:** _____

Names of individuals authorized to use account number listed below (include cardholder name, if authorized user):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Law Firm/Sole Practitioner Name: _____

Address: _____

Telephone Number: _____

Receipts should be mailed to: _____
(Name of individual)

☐ Mastercard ☐ Visa ☐ American Express ☐ Discover ☐ Diners Club

Account Number: _____ **Exp. Date:** _____

Mail the original of the form to: Clerk, U.S. Bankruptcy Court, Personal and Confidential: Financial Specialist, 517 East Wisconsin Avenue, Room 126, U.S. Courthouse, Milwaukee, WI 53202-4581. The original of this form will be maintained in a secured location.

This form will be kept on file and remain in effect until specifically revoked in writing. It is the responsibility of the law firm named above, to submit a new form and notify the Clerk, in writing, of any changes to authorized users, new expiration date when the card has been renewed, change of information (e.g. card has been revoked, canceled or stolen), or a change in address or phone number.